

**Maricopa Integrated Health Systems  
Formulary Prior Auth Criteria**

**Drug:** **Betaseron** (Interferon beta 1b)  
**Avonex** (Interferon beta 1a)  
**Copaxone** (Glatiramer acetate)

**Therapy:**

Is indicated for use in ambulatory patients with relapsing-remitting multiple sclerosis (MS) to reduce frequency of clinical exacerbation

**Inclusions:**

- A) Request needs to come from a Neurologist
- B) Diagnosis of relapsing- remitting MS with MRI report documenting white matter lesions of the brain, spinal cord, or optic nerves in more than one location.
- C) Ambulatory or potentially ambulatory patients

**Risk Factors/Contraindications:**

Female patients must deny intent to become pregnant

Interferon should be use with caution in patients with depression and/or suicide ideation

Caution should be use when administering Avonex to patients with pre-existing seizure disorder.

Patient with cardiac disease should be monitored closely for worsening of their condition

**Authorization:**

Six months

Additional authorization of six months with documented efficacy and kurtzke scale

**Medical Director** \_\_\_\_\_

**Date** \_\_\_\_\_